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Kristin M. Lawson

(Depositor's name)

Kristin M. Lawson
Nov. 24, 2009

(Signature)

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/690,566	10/17/2000	Michael P. Lilly	119645-00103.118	1577

TITLE OF INVENTION: COMPUTER PROGRAM PRODUCT FOR DETERMINING AND REDUCING CUSTOMER SERVICE IMPACT

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	11/24/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATS, JUSTIN	3623	705-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> Blank Rome, LLP
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<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3

3. ASSIGNEE NAME AND RESIDENCE: DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Infor Global Solutions (Veenendaal) B.V.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
BARNEVELD, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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5. Change in Entity Status (from status indicated above)

<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature  Date 11/24/2009

Typed or printed name Shawn Li Registration No. 58,132

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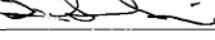
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Registration No. 58,132

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